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Membership Transfer Request

Please fill out the following membership transfer request and email to info@tsae.org for review.

Once your request has been processed, you will receive an email confirmation.

Transfer TSAE Members	ship From:			
Full Name:				
Company:				
Reason for leaving:				
Transfer TSAE Members	ship To:			
Full Name:		\square cae \square c	$MP \; \Box \; CEM \; \; \Box \underline{\hspace{1cm}}$	
Nickname:				
I am a current member	of: \square ASAE \square DFWAE \square HSA	E □ SASAE □ MPI □ IAEE	□ Other	
Title:				
Organization:				
Preferred Address:				
City:		State: Zip:		
Phone:()	Cell: ()	Fax: ()	
Email:				
Dietary Needs:				
Birthday:	(MM/I	DD/YYYY) Gender: Male \Box	Female \square	
Year that you started in	the association industry?			
Functional Title: Please	check one category below the	at best describes your job fu	ınction.	
☐ Chief Executive		☐ General Administrative		
☐ Chief Operations/Admin Operations		☐ Government Relations/Public Affairs/PR		
☐ Communications		☐ IT Systems/Information Technology		
☐ Education		Legal/Legislative		
☐ Event Planning		☐ Marketing/Sales ☐ Marketing/Sales		
☐ Financial☐ Fundraising/Sponsorship		☐ Membership	Other	
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My primary areas of int	erest include (can select multip	ole)		
☐ Administration	☐ Exposition Management	☐ Government Relations	☐ Membership	
☐ Administration☐ Communications	☐ Exposition Management☐ Finance	☐ Government Relations☐ Marketing	☐ Membership☐ Technology	